Dear Members of the Human Services Committee of the Connecticut General Assembly,

We are faculty members of Yale University, writing to express our support for H.B. 6616, "An Act Concerning Expansion of Husky Health Benefits to Those Ineligible Due to Immigration Status." The views we offer in this testimony are our own and not the institutional position of Yale University, the Yale Law School, or the Yale School of Medicine.

Professor Anne Alstott is the Jacquin D. Bierman Professor at Yale Law School. I hold a secondary appointment at the Yale Child Study Center and am a faculty affiliate at the Yale Institution for Social and Policy Studies. My research focuses on public policy toward children and families. I am a co-founder (with Dr. McNamara) of The Integrity Project at Yale Law School, which aims to promote sound science in the service of child and adolescent health policy. I have written several books, including The Public Option (2019 with Ganesh Sitaraman) and have published articles in the Harvard Law Review, Yale Law Journal, and the Columbia Law Review.

Dr. Meredithe McNamara, MD, MSc, FAAP, is an Assistant Professor of Pediatrics at Yale School of Medicine with a specialty in Adolescent Medicine. I care for youth aged 10-25 and supervise pediatric residents at Fair Haven Community Health Center and Yale-affiliated subspecialty sites. As a co-founder of The Integrity Project (with Professor Alstott), I am engaged in research that advances health equity for children and adolescents.

We strongly recommend passage of H.B. 6616, which would expand HUSKY health insurance benefits to eligible Connecticut residents through age 25, regardless of their immigration status. For youth and adults to flourish in Connecticut, all adolescents need access to standard health care. The present denial of health care to undocumented people in need offends their human dignity and leaves them vulnerable to preventable and treatable medical conditions. With access to medical care, these adolescents can fulfill their promise of helping to create a bright future for all residents of Connecticut. Denied care, these young people may be excluded from school and the workplace and may needlessly suffer preventable illnesses and conditions with lifelong repercussions.

Currently, 39% of Connecticut youth under age 18 and a stunning 66% of youth ages 19-24 have no health insurance. They receive less reproductive healthcare leading to higher rates of unplanned pregnancy, poorer maternal-fetal health outcomes, and subsequent economic disadvantage. They experience worsening of chronic illnesses and miss important windows for transitional care to adult services. They lose contact with mental health resources and may experience poorer psychosocial functioning than peers who retain health insurance. Gaps in

¹ RAND Health Care, *Expanding Insurance Coverage to Undocumented Immigrants in Connecticut*, at 15 (2022), https://www.rand.org/pubs/research reports/RRA1964-1.html

coverage inflicts high medical costs on youth that they may incur when seeking emergency care.² Extending HUSKY coverage through age 25 would thus mark a major and important public health measure. Critically, it would also allow Connecticut to lead the nation in health justice by affording lower income youth the same rights to wellness that higher income young adults have guaranteed to them by the Affordable Care Act.

As a specialist in adolescent medicine, Dr. McNamara cares for youth ages 10 through 25. An expansive understanding of adolescence as extending through age 25 is reflected in federal health care law and reflects scientific understandings of the common medical needs of youth into their 20s. Adolescence and early adulthood are marked by a series of externally imposed risks and vulnerabilities that youth cannot be expected to navigate alone. As such, relevant major medical organizations call for the careful process of transitional care from pediatric to adult medical settings, guided by pediatric providers in an individualized way beginning in early adolescence.³ Transition care has been shown to improve healthcare costs and various health outcomes in adulthood. Its success depends upon uninterrupted insurance coverage.⁴

Adolescent health is the gateway to lifelong health. Unaddressed health needs can derail educational plans and needlessly disadvantage youth at school and work. Extending HUSKY coverage to young people through the age of 25 would provide major benefits not only to the youth themselves but to Connecticut as a whole. For instance, the whole state benefits when young people graduate from high school and attend college or vocational training, but they can do so only if they have healthy minds and bodies and can produce the medical records (of exams and vaccinations) needed for high school and college enrollment.

Further, as you know, the COVID-19 pandemic took an unprecedented toll on adolescent mental health. HUSKY coverage would enable young people currently excluded from care to receive the mental health counseling and, if appropriate, medication they need.

In the past few years, the Connecticut legislature has wisely extended HUSKY to all Connecticut children. We encourage you to pursue the same path for adolescents through age 25 to help these young people – and our state – flourish.

Thank you for your time and consideration.

Sincerely,

² Anderson ML, Dobkin C, Gross T. The Effect of Health Insurance on Emergency Department Visits: Evidence from an Age-Based Eligibility Threshold. The Review of Economics and Statistics. 2014;6(1): 189–195.

³ White PH, Cooley WC; Transitions Clinical Report Authoring Group; American Academy of Pediatrics; American Academy of Family Physicians; American College of Physicians. Supporting the Health Care Transition From Adolescence to Adulthood in the Medical Home. Pediatrics. 2018;142(5): e20182587

⁴ Gabriel P, McManus M, Rogers K, White P. Outcome evidence for structured pediatric to adult health care transition interventions: a systematic review. J Pediatr. 2017;188:263–269.e15

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